

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: EXERCISE REPETITIOUS MOTION
COUNTER
Attorney Docket Number:: 5502-1001
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES OF AMERICA
Status:: Full Capacity
Given Name:: MARTHA
Middle Name:: Z.
Family Name:: MARTINEZ
City of Residence:: WEST JEFFERSON
State or Province of Residence:: OHIO
Country of Residence:: UNITED STATES OF AMERICA
Street of Mailing 710 TAYLOR BLAIR ROAD
Address::
City of Mailing Address:: WEST JEFFERSON
State or Province of Mailing Address:: OHIO
Country of Mailing Address:: UNITED STATES OF AMERICA
Postal or Zip Code of Mailing Address:: 43162

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES OF AMERICA
Status:: Full Capacity
Given Name:: KATHRYN
Middle Name:: SUSAN
Family Name:: EATON
City of Residence:: WEST JEFFERSON
State or Province of Residence:: OHIO
Country of Residence:: UNITED STATES OF AMERICA
Street of Mailing 710 TAYLOR BLAIR ROAD
Address::
City of Mailing Address:: WEST JEFFERSON
State or Province of Mailing Address:: OHIO
Country of Mailing Address:: UNITED STATES OF AMERICA
Postal or Zip Code of Mailing Address:: 43162

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/276,039	3/16/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::